



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

RECEIVED

03 APR 21 AIO-51

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Apo	Todd	K.	808-781-7761
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
260 Jack Lane	Honolulu	HI	96817
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Ko Olina Resort Operators Association, Inc.	808-680-7680
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
92-1480 Aliinui Drive	Ko Olina HI 96707
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
John Toner	808-680-7680
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
92-1480 Aliinui Drive	Ko Olina HI 96707

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (Indicate below) |
| <input type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Todd K. Apo (Signature of Lobbyist) 1/30/03 (Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
John Toner	Executive Vice-President
NAME OF ORGANIZATION (If applicable)	TELEPHONE
Ko Olina Resort Operators Association, Inc.	808-680-7680
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
92-1480 Aliinui Drive	Ko Olina HI 96707
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
<u>John Toner</u> (Signature of Authorizing Officer or Person Represented)	<u>1/30/03</u> (Date)